

**Notice of Intent to Apply (ITA)
Clean Water Fund Program (CWFP)**

Form 8700-195 (R 11/05)

Page 1 of 4

See instructional sheet. Read ALL instructions carefully before completing this form.

| DNR Use Only |
|---------------|
| Loan Number |
| Postmark Date |
| Adjusted MHI |

Notice: Clean Water Fund Program loan applicants are required to complete and submit this form by December 31 prior to application submittal as authorized by s. 281.58, Wis. Stats., and ch. NR 162, Wis. Adm. Code. Failure to submit a completed form by December 31 may result in the denial of loan funds for the project. Personal information collected on this form will be used for program administration and must be made available to requesters as required by Wisconsin Open Records law [s. 19.31 - 19.39, Wis. Stats.].

Section I: Applicant Information

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------|-----------------------------|
| 1. Municipality | | County(ies) | |
| WPDES Permit Number (if applicable) # WI | Name of Discharging Municipality (if different from Applicant) | | |
| 2. Provide the latitude and longitude of the project's effluent discharge point: | | Latitude: DEG MIN SEC N | Longitude: DEG MIN SEC W |
| 3. Check one: <input type="checkbox"/> PERF attached <input type="checkbox"/> PERF previously submitted | | Priority Score (if PERF previously scored for this project) | |
| 4. Do you intend to apply for hardship financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, and you are a sanitary or lake district, proceed to questions 4a & 4b. Otherwise, proceed to question 5. | | | |
| a. If a district, list the town(s) in which the district is located: | | | |
| b. Is a map attached which indicates the district boundaries and locations of residential structures in the project area? <input type="checkbox"/> Yes <input type="checkbox"/> No, previously submitted and there are no changes in district boundaries. | | | |

| 5. Municipal Official or Authorized Representative Signing This Form | | | | 6. Main Contact* | | | |
|----------------------------------------------------------------------|--|--------------------------------|-------------|--------------------------------------|--|--------------------------------|-------------|
| Name | | | | Name | | | |
| Title | | | | Title | | | |
| Street Address | | | | Street Address | | | |
| City | | State WI | ZIP Code +4 | City | | State WI | ZIP Code +4 |
| Telephone Number (include area code) | | Fax Number (include area code) | | Telephone Number (include area code) | | Fax Number (include area code) | |
| E-Mail Address | | | | E-Mail Address | | | |

Section II: Consulting Engineer

| | | | | | |
|------------------|--|-------------|--------------------------------------|----------------|--------------------------------|
| Engineering Firm | | | Contact Name | | |
| Street Address | | | Telephone Number (include area code) | | Fax Number (include area code) |
| City | | State WI | ZIP Code +4 | E-mail Address | |

*Should be someone familiar with the project and available on a daily basis.

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Section III: Project Information and Cost Estimates

| Estimated or Actual Date Of: | Month/Day/Year | Estimated or Actual Date Of: | Month/Day/Year |
|-------------------------------------|----------------|------------------------------|----------------|
| 1. Facility Plan Submittal | | 4. Construction Start | |
| 2. Plans & Specifications Submittal | | 5. Construction Completion | |
| 3. Application Submittal | | | |

6. List all municipalities if a joint project:

7. Detailed Project Description (Narrative):

8. Project Cost Estimates:

| CWFP Categories | Project Costs | EPA Treatment Works Categories | Project Costs |
|-----------------------------------|---------------|--------------------------------------------|---------------|
| Compliance Maintenance | \$ | Secondary Treatment | \$ |
| New/Changed Limits | \$ | Advanced Treatment | \$ |
| Unsewered | \$ | Infiltration/Inflow | \$ |
| Urban Runoff, WPDES Permitted | \$ | Sewer Rehabilitation | \$ |
| Urban Runoff, non-WPDES Permitted | \$ | New Collecting Sewers | \$ |
| Violator | \$ | Interceptor | \$ |
| | | Combined Sewer Separation | \$ |
| | | Storm Water, WPDES permitted | \$ |
| | | Urban Nonpoint Source, non-WPDES permitted | \$ |
| CWFP Total Project Costs**: | \$ | EPA Total Project Costs**: | \$ |

**CWFP and EPA Total Project Costs must be equal.

| | |
|--------------------------------|------------------------------------------------------|
| 9. a. Source of cost estimates | b. Source(s) of funds other than CWFP, if applicable |
|--------------------------------|------------------------------------------------------|

c. If estimated total project cost is \$1,000,000 or less, are you considering applying for a Small Loan interest subsidy?

| | |
|----------------------------------------|---------------------------|
| 10. Population of project service area | Source of population data |
|----------------------------------------|---------------------------|

Municipal Certification

- Procurement Requirements** - Recipients of CWFP financial assistance must comply with federal, state and local laws when procuring professional services and construction contracts. All contracts for CWFP projects are subject to staff review to determine that costs are eligible, allocable, and reasonable. When procuring construction work, equipment, raw materials or supplies for a CWFP project, a municipality must make good faith efforts to utilize disadvantaged business enterprises in the project, including soliciting bids from minority- and women-business enterprises (MBE/WBEs) whenever the procurement must be bid under the state/local procurement laws. Municipalities receiving federal funds must solicit small businesses in rural areas (SBRAs) in addition to MBE/WBEs. Prime contractors hired by the municipality must also make good faith efforts whenever they subcontract for construction work, equipment, raw materials or supplies. Refer to s. NR 162.09, Wis. Adm. Code, and the CWFP's MBE/WBE/SBRA web pages (<http://www.dnr.wi.gov/org/caer/cfa/EL/Guide/MBEproc.html>) for further details on these guidelines.
- Certification** - I certify that I have read the above paragraph regarding Procurement Requirements, and, that to the best of my knowledge and belief the information provided on this ITA form and any attachments is true, accurate and complete.

| | |
|--------------------------------------------------------------|-------------|
| Signature of Municipal Official or Authorized Representative | Date Signed |
|--------------------------------------------------------------|-------------|

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General Instructions for Notice of Intent to Apply (ITA) Form

Municipalities that intend to apply for Clean Water Fund Program (CWFP) financial assistance (s. 281.58, Wis. Stats.), including hardship financial assistance, and Small Loan Program Interest subsidy, must submit the Notice of Intent to Apply (ITA) form. It must be postmarked, shipped or fax dated no later than DECEMBER 31 of the calendar year prior to the State Fiscal Year (SFY) that the municipality applies for assistance. (The SFY runs from July 1 through June 30.) The ITA will be valid for one state fiscal year.

Notice: Applications for hardship financial assistance must be submitted by the June 30 prior to the state fiscal year in which hardship financial assistance is requested. All other applications may be submitted at any time throughout the year; if the June 30 deadline is applicable for the non-hardship applications in any given year, municipalities will be notified. The CWFP recommends that all applications be submitted after plans and specifications are approved or nearing approval.

Section I: Applicant Information

1. Provide the legal name of the municipality and the name of the county or counties in which the municipality is located. Provide the Wisconsin Pollution Discharge Elimination System (WPDES) Permit Number (if applicable). If the applicant discharges to another municipality, give the permit number for the final discharge, and indicate the name of the municipality.
2. Provide the latitude and longitude of the project's effluent discharge point to the nearest 15 seconds. If the project has a groundwater discharge, provide the latitude and longitude of the treatment facility.
3. Check the appropriate box. A PERF is a Priority Evaluation and Ranking Form (Form #8700-196). The PERF is used to determine the priority score for a project. Provide the most recent project priority score determination, if applicable.
4. Check the appropriate box. If you check Yes, please note that applications for hardship financial assistance must be submitted by June 30 prior to the SFY in which hardship financial assistance is requested.
 - a. List the town(s) in which any portion of the sanitary or lake district is located, if applicable.
 - b. If the municipality is intending to apply for hardship financial assistance and is a sanitary or lake district, the district must attach a map to the ITA which indicates the district boundaries and locations of residential structures in the project area. If the map was previously submitted, and there are no changes in district boundaries, a map does not need to be attached.
5. Provide the name and title of the municipal official or authorized representative signing the ITA. If someone other than a municipal official signs the form, the municipality's governing body must designate that individual by resolution to act as the authorized representative for the CWFP project, and submit a copy of the resolution by December 31. Provide the postal address to which the CWFP should mail official correspondence. Provide the phone and fax at which the CWFP can reach the municipal official or authorized representative during typical business hours. Provide an e-mail address for this person if one is available.
6. Provide the name and title of the main municipal contact. The main contact should be someone familiar with the project that is available on a regular basis. Provide the postal address to which the CWFP should mail official correspondence. Provide the phone and fax numbers at which the CWFP can reach the main municipal contact during typical business hours. Provide an e-mail address for this person if one is available.

Section II: Consulting Engineer

Provide the name of the consulting engineering firm (if one retained), and a contact name, along with the postal address, phone, fax, and e-mail address.

Section III: Project Information and Cost Estimates

- 1-3. Provide the actual or estimated submittal date for each item.
4. The construction start date is the actual or estimated date of the notice to proceed.
5. The construction completion date is the actual or estimated date of final completion.
6. If this is a joint project, list all participating municipalities. Please note, a proposed or an executed intermunicipal agreement must accompany a financial assistance application if wastewater generated by the applicant will be discharged to or through wastewater facilities of another municipality.
7. Please provide a narrative description of the project.

Examples of project details include, but are not limited to:

 - the reason for the plant modification or upgrade (e.g., Phosphorus Removal, Sludge Storage, Disinfection)
 - the method of treatment to be used by the modification, upgrade or new plant (e.g., Recirculating Sand Filter, Activated Sludge, UV Disinfection)
 - the service area of the project (e.g., the previously unsewered area the project will serve, the portion of the municipality that will have sewer rehab, the area a new lift station will serve)

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- other pertinent details of the project (e.g., length in feet of the interceptor, collection system, sewer rehab or force main, size of pipe installed, if the project will be completed in phases, etc.)

Do not write in short descriptions such as "Sanitary Treatment Plant Modifications," "STPM," "WWTP Modifications," "New Sanitary Treatment Plant," "New STP," "New WWTP," "Collection System," "CS," "Interceptor," "INT," or any other general statement or abbreviation that does not provide specific details of the project. These words or abbreviations can be used as part of the description, but must not be all that is provided. Also, do not write "See PERF," or "See Facility Plan."

8. Indicate on the appropriate lines the actual or estimated cost of project activities (see example below) for both the CWFP and EPA Treatment Works Categories. The CWFP and EPA total project cost lines must be equal.

Project Cost Example:

| CWFP Categories | Project Costs | EPA Treatment Works Categories | Project Costs |
|-----------------------------------|---------------|--------------------------------------------|---------------|
| Compliance Maintenance | \$ 1,550,000 | Secondary Treatment | \$ 1,650,000 |
| New/Changed Limits | \$ 175,000 | Advanced Treatment | \$ 0 |
| Unsewered | \$ 0 | Infiltration/Inflow | \$ 0 |
| Urban Runoff, WPDES Permitted | \$ 750,000 | Sewer Rehabilitation | \$ 75,000 |
| Urban Runoff, non-WPDES Permitted | \$ 0 | New Collecting Sewers | \$ 0 |
| Violator | \$ 0 | Interceptor | \$ 0 |
| | | Combined Sewer Separation | \$ 0 |
| | | Storm Water, WPDES permitted | \$ 750,000 |
| | | Urban Nonpoint Source, non-WPDES permitted | \$ 0 |
| CWFP Total Project Costs**: | \$ 2,475,000 | EPA Total Project Costs**: | \$ 2,475,000 |

**CWFP and EPA Total Project Costs must be equal.

9. a. Provide the source(s) of cost estimates provided in #8 above.
- b. If you plan to fund a portion of this project with funds other than CWFP funding, list the other sources. Examples of other sources: municipal funds, Community Development Block Grant, Rural Development grant or loan, etc.
- c. Check the appropriate box. In the Small Loans Program, the municipality obtains a State Trust Funds loan to pay for the project and applies to the CWFP for an interest subsidy to help pay the Trust Funds debt service. Check N/A if your total project cost is greater than \$1,000,000.
10. Provide the residential population to be served by the project and the source of this information. Sources of information for this question, in order of preference are: 1) plans and specifications, 2) facilities plan, 3) engineer's preliminary estimate, WPDES Permit, Department of Administration estimate, or census data.

Municipal Certification

After reviewing Sections I-III, a municipal official must sign and date the ITA. If someone other than a municipal official signs the form, the municipality's governing body must designate that individual by resolution to act as the authorized representative for the CWFP project, and submit a copy of the resolution by December 31.

Send completed ITA to: **State of Wisconsin
Department of Natural Resources
Bureau of Community Financial Assistance - CF/8
PO Box 7921
Madison, WI 53707-7921
Fax (608) 267-0496**